
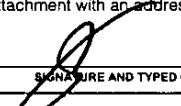


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90012 034 ****61.25

DOCUMENT # 724449 1. Entity Name OKALOOSA-WALTON CHILD CARE SERVICES, INC.					
Principal Place of Business 107 TUPELO AVENUE FT WALTON BEACH, FL 32548			Mailing Address PO BOX 2258 FORT WALTON BEACH, FL 32549		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1434341	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DALY, JOHN J 107 TUPELO AVENUE FT. WALTON BEACH, FL 32548				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FEDONCZAK, TERRI W 360 JASMINE AVE VALPARAISO, FL 32580		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EMERSON, CONNIE 137 HOSPITAL DRIVE FT WALTON BCH, FL 32548		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LISA PITELL 810 ST. KITTS COVE NICEVILLE, FL 32578	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOLLARD, MARIBETH 45 BEAL PARKWAY FT WALTON BEACH, FL 32549		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELISSA JONES P.O. BOX 4009 FORT WALTON BEACH, FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TENCZAR, GARY 1000 NW MAR WALT DR FT WALTON BEACH, FL 32547		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  JOHN J. DALY 3/30/2006 (850) 833-9330					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40045091



03302006 Chg-NP CR2E037 (11/05)

FL Zip Code